



Application Number	10/597,590
Filing Date	July 31, 2006
First Named Inventor	Sanders
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	LIN-001
Patent No.	
Issue Date	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25th day of October, 2007.

Julie Westhaver-Tosto
Julie Westhaver-Tosto

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
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SIGNATURE BLOCK

Date: October 25, 2007
 Reg. No.: 55,728
 Tel. No.: (617) 526-9629
 Fax No.: (617) 526-9899

Respectfully submitted,
Carolyn G. Whyte
 Carolyn G. Whyte
 Attorney for the Applicant(s)
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600

Complete if Known	
Application No.	10/597,590
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Confirmation No.	Not yet assigned

FEE CALCULATION (continued)☒ Applicant claims small entity status. (deduct 50%)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Small Entity Discount

1. TOTAL

0.00

Fe

Small Entity Fee (\$)	Large Entity Fee (\$)
100	200
200	400
300	600
400	800
500	1,000
600	1,200
700	1,400
800	1,600
900	1,800
1,000	2,000
1,100	2,200
1,200	2,400
1,300	2,600
1,400	2,800
1,500	3,000
1,600	3,200
1,700	3,400
1,800	3,600
1,900	3,800
2,000	4,000
2,100	4,200
2,200	4,400
2,300	4,600
2,400	4,800
2,500	5,000
2,600	5,200
2,700	5,400
2,800	5,600
2,900	5,800
3,000	6,000
3,100	6,200
3,200	6,400
3,300	6,600
3,400	6,800
3,500	7,000
3,600	7,200
3,700	7,400
3,800	7,600
3,900	7,800
4,000	8,000
4,100	8,200
4,200	8,400
4,300	8,600
4,400	8,800
4,500	9,000
4,600	9,200
4,700	9,400
4,800	9,600
4,900	9,800
5,000	10,000
5,100	10,200
5,200	10,400
5,300	10,600
5,400	10,800
5,500	11,000
5,600	11,200
5,700	11,400
5,800	11,600
5,900	11,800
6,000	12,000
6,100	12,200
6,200	12,400
6,300	12,600
6,400	12,800
6,500	13,000
6,600	13,200
6,700	13,400
6,800	13,600
6,900	13,800
7,000	14,000
7,100	14,200
7,200	14,400
7,300	14,600
7,400	14,800
7,500	15,000
7,600	15,200
7,700	15,400
7,800	15,600
7,900	15,800
8,000	16,000
8,100	16,200
8,200	16,400
8,300	16,600
8,400	16,800
8,500	17,000
8,600	17,200
8,700	17,400
8,800	17,600
8,900	17,800
9,000	18,000
9,100	18,200
9,200	18,400
9,300	18,600
9,400	18,800
9,500	19,000
9,600	19,200
9,700	19,400
9,800	19,600
9,900	19,800
10,000	20,000

Total Claims	Extra Claims	Fee Paid (\$)
57	26	650.00

- 31 or HP= _____ x \$ _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims		Extra Claims		Fee Paid (\$)
13	- 6 or HP=	7	x \$ =	735.00

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$) 370	Small Entity fee (\$) 185	Fee Paid (\$)
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2. TOTAL:	1,385.00
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If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
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$$-100 = 0 \quad /50 = \text{round up to a whole number} \quad \times \quad = 0.00$$

3. TOTAL:	0.00
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Direct all correspondence to:

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Boston, MA 02110
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Fax No.: (617) 526-9899**

4. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	
460	230	Extension for reply within 2 nd mo.	
1,050	525	Extension for reply within 3 rd mo.	
1,640	820	Extension for reply within 4 th mo.	
2,230	1,115	Extension for reply within 5 th mo.	
510	255	Notice of Appeal	
510	255	Filing a brief in support of an appeal	
1,030	515	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
810	405	Filing a submission after final rejection (37 CFR 1.129(a))	
810	405	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	

Other fee (Specify)

Other fee (Specify)

4. TOTAL:	0.00
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TOTAL AMOUNT SUBMITTED

(\$) 1,385.00

SIGNATURE BLOCK

Respectfully submitted,

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